

Benefits-at-a-Glance: Mental Health-Substance Abuse

For the Commonwealth Indemnity Plan Basic, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

This chart is an overview of plan benefits. It is not a complete description. Services for mental health and substance abuse conditions are not covered through the medical portion of your plan. *For more detailed information about the plan design and providers, call UBH or visit its website.*

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Inpatient Care² Mental Health General hospital or Psychiatric hospital Substance Abuse General hospital or substance abuse facility	100%, after inpatient care deductible	80% ¹ , after deductible
Intermediate Care² <i>Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, day/partial hospitals, structured outpatient treatment programs.</i>	100%	80%
Outpatient Care² Individual and family therapy	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> 100%, after \$15 per visit <i>Medicare Extension OME</i> First 4 visits: 100% Visits 5 and over: 100%, after \$10 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ³
Enrollee Assistance Program (EAP): <i>Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.</i>	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> Up to 3 visits: 100%	No coverage for EAP
Inpatient Care per Admission Deductible	<i>Indemnity Basic</i> \$150 per calendar quarter <i>Community Choice, PLUS and Tufts Navigator</i> \$200 per calendar quarter <i>Medicare Extension OME</i> \$50 per calendar quarter	\$150 per admission
Annual Deductible <i>(Separate from the medical deductible and out-of-pocket maximum)</i>	None	<i>Indemnity Basic, Community Choice, PLUS and Tufts Navigator</i> \$150 per person <i>Medicare Extension OME</i> \$100 per person RMT/EGR \$75 per person
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

² Treatment that is not pre-certified receives out-of-network level reimbursement.

³ All outpatient out-of-network visits beyond session 15 require pre-authorization.